

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716316** (5)

1. Corporation Name

**THE SPINDRIFT CLUB OF NAPLES, INC.**



Principal Place of Business	Mailing Address
2600 GULF SHORE BLVD. NORTH NAPLES FL 33940 US	2600 GULF SHORE BLVD. NORTH NAPLES FL 34103-4309 US

3. Date Incorporated or Qualified <b>04/03/1969</b>	3a. Date of Last Report <b>06/14/1996</b>
4. FEI Number <b>59-1292208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**HOFFMAN, D S**  
2600 GULF SHORE BLVD. N.  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name  
**Deborah S. Reid**

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code  
**FL 34103-4309**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Deborah S. Reid **Deborah S. Reid, Asst. Sec. 4/22/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	EYCK, EDWARD H. TEN J	
STREET ADDRESS	2600 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	2VD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, BERTHA K	
STREET ADDRESS	2600 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, D S	
STREET ADDRESS	2600 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHIPPER, MARK	
STREET ADDRESS	2600 GULF SHORE BLVD. N, #36	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	1VD	<input type="checkbox"/> DELETE
NAME	ROSOW, GERALD	
STREET ADDRESS	2600 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANDT, KEN	
STREET ADDRESS	2600 GULF SHORE BLVD. N, #62	
CITY-ST-ZIP	NAPLES FL 33940	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REID, DEBORAH S.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	B/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ken Brandt **Ken Brandt, President 4-17-97** (941) 262-1874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068784

CR2E037 (9/96)